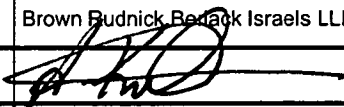



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<b>ORIGINAL TRANSMITTAL FORM</b> APR 17 2006 (to be used for all correspondence after initial filing)	Application Number	10/763,861
	Filing Date	January 23, 2004
	First Named Inventor	Salvatore Atzeni
	Art Unit	2621
	Examiner Name	Unassigned
	Attorney Docket Number	25619/9
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

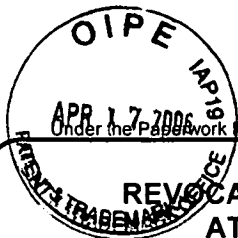
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Brown Rudnick Berack Israels LLP		
Signature			
Printed name	Anthony C. Kuhlmann, Ph.D.		
Date	4/13/06	Reg. No.	57,147

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/763,681
Filing Date	January 23, 2004
First Named Inventor	Salvatore Atzeni
Art Unit	2621
Examiner Name	Unassigned
Attorney Docket Number	25619/9

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

21710

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

21710

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Salvatore Atzeni

Date

March 10, 2006

Telephone

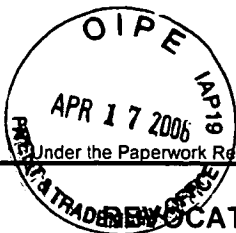
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/763,681
Filing Date	January 23, 2004
First Named Inventor	Salvatore Atzeni
Art Unit	2621
Examiner Name	Unassigned
Attorney Docket Number	25619/9

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Address

City

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Zip

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*James R. Mattheis*

Name

James Mattheis

Date

3/10/2006

Telephone

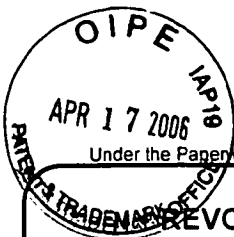
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Application Number	10/763,681
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Raymond Kaminski

Date

3/10/06

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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